U S Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 950	2 Fiscal Year Covered From		
	o 1 / 1 / 2004 Through 12 / 31 / 2004		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name George Christos	Name Iron Workers Local 63 Union		
	Labor Organization File Number 022 678		
PO Box Bldg Room No If any	P O Box Building and Room Number if any		
Street 2525 W Lexington	Street 2525 W Lexington		
City Broadview	City Broadview		
State Illinois ZIP Code + 4 60155	State Illinois ZIP Code + 4 60153		
5 Position in labor organization Business Representative			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  6 Name and address of Employer (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  7 b Amount.  Street  City  State  ZIP Code + 4			
Signature			
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)			
Signed			

Name of Person Filing George Christos	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)  Name Local 63 Pension Fund  Trade Name if any  PO Box Bldg Room No if any Suite 200  Street 1000 Burr Ridge Parkway  City Burr Ridge  State Illinois ZIP Code + 4 60524	9 Business deals with  a Labor Organization  b Trust  c Employer		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name Trade Name if any PO Box Bidg Room No if any	I am a trustee for the Local 63 Pension Fund which was created by the Union and employers for the benefit of the members		
Street	11 b Approximate dollar value of such dealing \$0		
City	12 a Nature of interest held or income received		
State ZIP Code + 4	Reimbursed expenses for International Foundation seminar in New Orleans		
	12 b Amount \$1 233		
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.		
Name			
Trade Name If any			
PO Box Bldg Room No If any			
Street			
Cıty			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment.		

Name of Person Filing George Christos	File Number U	 
deorge christos	 1 110 1 tall 11001 C	

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (include	ding trade name if any)	9 Business deals with	
Name OBA Midwest Ltd		a Labor Organization	
Trade Name if any			
PO Box Bldg Room No fany Suit	e 200	b Trust	
Street 1000 Burr Ridge Parkwa	У	c Employer	
City Oak Brook	Management are advantage some financial services and financial servi		
State Illinois	ZIP Code + 4 60527		
10 If 9 b or 9 c is checked give trust or em	ployer's name	11 a Nature of such dealing	
Name Local 63 Pension Fund		OBA provides third party administr	ation to the
Trade Name If any			Accommendation .
PO Box Bldg Room No Ifany Suit	e 200		
Street 1000 Burr Ridge Parkway	У		ar constant of the constant of
City Oak Brook			- topy marriage.
State Illinois	ZIP Code + 4 60527	11 b Approximate dollar value of such dealing	\$35 000
	Innovation and the state of the	12 a Nature of interest held or income received	
		At the Board of Trustees meetings 2004 and December 9 2004 the thi	
		administrator paid for the meals a	
		Particular de la constanta de	1
			THE PROPERTY OF THE PROPERTY O
		The second secon	
		Vote of the control o	u. Appendi
		12 b Amount	\$174

Name of Person Filing George Christos	File Number U	

## Part B Continuation Page

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	1.2	·
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Gregorio & Associates	a Labor Organization	
Trade Name If any		
P O Box Bldg Room No If any	b Trust	
Street Two North LaSalle Street	C Employer	
	becaused	
City Chicago		
State Illinois ZIP Code + 4 60602		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	Provides legal services	1
Trade Name If any		
P O Box Bldg Room No if any		and the second
Street		
City, In an amount of the companion of t		
City		
State ZIP Code + 4	11 b Approximate dollar value of such dealing	\$48 000
	12 a Nature of interest held or income received	
	Received steaks at Christmas	
	Column and	1
		4
	12 b Amount	\$150

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Name of Person Filing George Christos	١	File Number U	

## Part B Continuation Page

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8 Name and address of Business (inclu	iding trade name of any)	9 Business deals with	
	_		
Name Mass Mutual Insurance	Company	a Labor Organization	
Trade Name If any			
PO Box Bldg Room No if any	7. L	b Trust	
Street 1295 State Street		c. Employer	
City Springfield			
State Massachusetts	ZIP Code + 4 01111		
10 If 9 b or 9 c is checked give trust or en	nployers name	11 a Nature of such dealing	
Name		Provides custodial and record keeping services The fees are based on the type of funds that are	
Trade Name If any		selected by the participants The	se charges are
		netted against the participants end of the directly billed to the Trust	arnings and are
PO Box Bldg Room No If any			
Street			
City			
State	ZIP Code + 4	11 b Approximate dollar value of such dealing	
		12 a Nature of interest held or income received	
		Mass Mutual hosted a golf outing w	ith dinner
			1
			A Marine Inc.
		L sylvania s	\$150
1		1	